

U.S. Department of Justice
United States Marshals Service

Case 1:08-cv-04485

Document 17

Filed 02/11/2008 Page 1 of 2

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <u>Paul Denton</u>	COURT CASE NUMBER <u>07-2670</u>
DEFENDANT <u>USA et al</u>	TYPE OF PROCESS <u>Summons / Complaint</u>
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Federal Bureau of Prisons - Hervey Lippin, Director</u>
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>320 First Street, NW, Washington, DC. 20534</u>
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>Paul Denton</u> <u>29485044 - FCI Memphis</u> <u>P.O. Box 34550</u> <u>Memphis TN 38184-0550</u>	
Number of process to be served with this Form - 285	
Number of parties to be served in this case	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service):

See Attached Order etc.

Signature of Attorney or other Originator requesting service on behalf of <u>Thomas M. Gould, clerk</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>901-495-1200</u>	DATE <u>1/29/08</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>76</u>	District to Serve No. <u>76</u>	Signature of Authorized USMS Deputy or Clerk <u>C. Johnson</u>	Date <u>1/30/08</u>
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I hereby certify and return that I ☒ have personally served, ☒ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>2/11/08</u>
	Time <u>2:07</u> pm
	Signature of U.S. Marshal or Deputy <u>D. Speltz</u>

Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors) <u>8.00</u>	Forwarding Fee <u>53.00</u>	Total Charges <u>106.00</u>	Advance Deposits	Amount owed to U.S. Marshal	Amount of Refund
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REMARKS:
1/30/08 - Certified Mail - 7007149000003005
2/11/08 - Return receipt received

PRIOR EDITIONS
MAY BE USED

I. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/89)

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Federal Bureau of Prisons
Harley G. Lappin, Director
320 First Street NW
Washington, DC 20534

07-2670

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery
C. Signature
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail
4. Restricted Delivery? (Extra Fee) ☐ Yes

7007 1490 0000 4189 3065

102595-99-14-1789